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**DATE:** June 3, 2006

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**NUMBER OF PAGES INCLUDING THIS COVER SHEET:** 10

**SUBJECT:** Patent Application No. 10/629,451  
Attorney Docket No. DE920010039US1

The following documents are included in this facsimile transmission:

- 1) Facsimile cover sheet
- 2) Transmittal form
- 3) Fee Transmittal
- 4) Amendment (7 pages)

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PTO/SB/21 (09-04)

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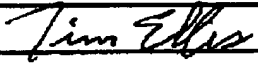
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<b>TRANSMITTAL FORM</b>	Application Number	10/629,451
	Filing Date	7/29/2003
	First Named Inventor	Barger
	Art Unit	2651
	Examiner Name	Tzeng, Fred
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	10	Attorney Docket Number DE920010039US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

## **SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Timothy Ellis, Patent Attorney		
Signature			
Printed name	Timothy N. Ellis		
Date	June 3, 2006	Reg. No.	41,734

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Timothy N. Ellis, Reg. No. 41,734	Date	June 3, 2006

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400

## Complete if Known

Application Number 10/629,451  
Filing Date 7/29/2003  
First Named Inventor Berger  
Examiner Name Tzeng, Fred  
Art Unit 2651  
Attorney Docket No. DE920010039US1

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

## SUBMITTED BY

Signature *Tim Ellis* Registration No. 41,734 Telephone (858) 455-7977  
Name (Print/Type) Timothy N. Ellis Date 6-3-06

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## UNITED STATES PATENT AND TRADEMARK OFFICE

Application No: 10/629,451	)	Group Art Unit: 2651
Inventor: Berger et al.	)	Examiner: Tzeng, Fred
Filing Date: 7/29/2003	)	
Confirmation No. 5729	)	
Attorney Doc. No. DE920010039US1	)	
Title: Precise positioning of media	)	

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Tim Ellis  
TIMOTHY N. ELLIS, REG. NO. 41,734

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Amendment is being submitted in follow-up to the telephone conference between examiner Fred Tzeng, and the applicant's attorney Tim Ellis, on June 1, 2006. In this amendment the applicant has amended claims 17, 18, and 19, to incorporate the limitations of claim 20 into claims 17, 18, 19, and has canceled claim 20. The applicant submits that the claims, as presented in this amendment, are novel and nonobvious, and that the application is in condition for allowance.

Please amend the claims as indicated beginning on page 2 of this paper.

Remarks begin on page 7 of this paper.

Application No. 10/629,451  
Attorney Docket No. DE920010039US1

-1-

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